Application Data Sheet APPLICATION INFORMATION

Application Number::

Unassigned

Filing Date::

April 2, 2004

Application Type::

Regular

Subject Matter::

Utility

CD-ROM or CD-R?::

None

Number of CD Disks:

No

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Title::

TARGETED BONE MARROW PROTECTION

AGENTS

Attorney Docket Number::

224297

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Yes

Total Drawing Sheets::

26

Small Entity?::

Yes

Petition Included?::

No

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Joseph

Middle Name::

R.

Family Name::

Garlich

City of Residence::

Westfield

State or Prov. of Residence::

Indiana

Country of Residence::

US

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Street of mailing address:: 328 West Columbine Lane

City of mailing address:: Westfield

State or Province of mailing address:: Indiana

Country of mailing address:: US

Postal or Zip Code of mailing address:: 46268

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Donald

Middle Name:: L.

Family Name:: Durden

City of Residence:: Decatur

State or Prov. of Residence:: Georgia

Country of Residence:: US

Street of mailing address:: 1310 Ladson Court

City of mailing address:: Decatur

State or Province of mailing address:: Georgia

Country of mailing address:: US

Postal or Zip Code of mailing address:: 30033

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Tim

Middle Name:: C.

Family Name:: Smith

City of Residence:: Indianapolis

State or Prov. of Residence:: Indiana

Country of Residence:: US

Street of mailing address:: 9540 C Guildford

City of mailing address:: Indianapolis

State or Province of mailing address:: Indiana

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Country of mailing address::

US

Postal or Zip Code of mailing address:: 46240

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

23460

Phone::

(312) 616-5600

Fax::

(312) 616-5700

E-mail Address::

mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number::

23460

DOMESTIC PRIORITY INFORMATION

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

This Application

Non Provisional of

60/460,289

04/03/03

FOREIGN APPLICATION INFORMATION

Country::

Application Number::

Filing Date::

Priority Claimed

ASSIGNEE INFORMATION

Assignee name::

Semafore Pharmaceuticals Inc.

Street of mailing address:: 8496 Georgetown Road

City of mailing address::

Indianapolis

State or Province of

mailing address::

Indiana

Country of mailing

address::

US

Postal or Zip Code of

mailing address::

46268

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